

FEB-04-2014 17:09 From: 7044037810

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Name: WILKERSON, HANNA
DOB: REDACTED
DATE: 02/12/2010

HISTORY OF PRESENT ILLNESS:

Hanna Wilkerson is a 57-year-old white female, who presented with a vaginal bulge. I reviewed her urodynamics which were classic for genuine stress urinary incontinence. The stress incontinence was only provoked after a pessary was placed to reduce the prolapse.

Exam is not performed today in favor of detailed discussion regarding the surgical management of her disease process. Her postvoid residual was 10 cc, and no evidence of detrusor instability was noted on the urodynamics exam.

Her medical history is reviewed and is unchanged from her previous recent visit as is her surgical history.

PHYSICAL EXAM:

HEART: Regular rate and rhythm.

LUNGS: Clear to auscultation.

HEENT EXAM: Normocephalic, atraumatic.

ABDOMEN: Soft. No tenderness or masses.

NECK: No thyromegaly. No lymphadenopathy.

EXTREMITIES: Benign.

PELVIC: Deferred due to recent exam performed.

IMPRESSION:

Cystocele and genuine stress incontinence.

PLAN:

We will proceed with anterior repair, TVT, and cystoscopy. I reviewed with the patient extensively the risks of bleeding, infection, damage to surrounding organs including bladder, bowel, and ureters. The risk of recurrent stress incontinence, recurrent prolapse, mesh erosion, and urinary retention were also reviewed. Knowing these risks, the patient is willing to proceed. All questions have been answered. Thirty minutes was spent in face-to-face time with this patient with greater than 50% of that in counseling and coordination of care.

Kelly Booth, MD

KB:Spheris23658

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Electronically signed by: KELLY ANN BOOTH M.D. Feb 19 2010 8:25AM EST

EXHIBIT

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